

MORRISON | FOERSTER

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MORRISON & FOERSTER LLP
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To:

JAN 06 2006

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: CENTRALIZED FAX CENTER	(571) 273-8300	(571) 272-4105

FROM: Peter Yim
Reg. 44,417

DATE: January 6, 2006

Number of pages with cover page:	6	
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Preparer of this slip has confirmed that facsimile number given is correct:

PJY1/8566**CAUTION - CONFIDENTIAL**

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Comments:**PLEASE PROCESS THE ATTACHED.**

Re: U.S. Patent Application Serial No. 10/538,538
For: FAST LOCALIZATION OF ELECTRICAL FAILURES ON AN
INTEGRATED CIRCUIT SYSTEM AND METHOD
By: Dennis CIPLICKAS et al.
Our Reference: 52432-20003.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Notice of Change of Status and Payment of Deficiency Owed (2 pages)

JAN. 6, 2006 4:01PM

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NO. 9100 P. 2/6

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PTO/SB/21 (09-04)

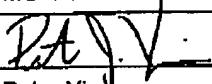
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/538,538
		Filing Date	June 10, 2005
		First Named Inventor	Dennis CIPLICKAS
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	5	Attorney Docket Number	524322000300

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (1 page), Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> 1. Notice of Change of Status and Payment of Deficiency Owed (2 pages) 2. Fax Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Peter Yim		
Date	January 6, 2006	Reg. No.	44,417

I hereby certify that this correspondence is being sent via facsimile to the U.S. Patent and Trademark Office at (571) 273-8300 on the date shown below.

Dated: January 6, 2006

Signature: Valerie Cohen (Valerie Cohen)

sf-2055288

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NO. 9100 P. 3/6

JAN 06 2006

PTO/SB/17 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Application Number	10/538,538
FEET TRANSMITTAL For FY 2005		Filing Date	June 10, 2005
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Dennis CIPLICKAS
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Not Yet Assigned
1,250		Art Unit	Not Yet Assigned
		Attorney Docket No.	524322000300

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	Small Entity Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100
	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
58	59 - 59 = 0	x 50	= 0.00			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	3 - 3 = 0	x 200	= 0.00			

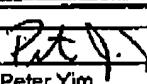
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	= 0	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Deficiency payment - change of status \$1,250

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 44,417 Telephone (415) 268-6373
Name (Print/Type)	Peter Yim		Date January 6, 2006

sf-2055277

JAN. 6.2006 4:02PM

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JAN 06 2006

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.
Dated: January 6, 2006 Signature: Valerie Cohen (Valerie Cohen)

Docket No. 524322000300
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Dennis CIPLICKAS et al.

Application No.: 10/538,538

Filing Date: June 10, 2005

Int'l Filing Date: December 11, 2003

For: FAST LOCALIZATION OF
ELECTRICAL FAILURES ON AN
INTEGRATED CIRCUIT SYSTEM
AND METHOD

Group Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

**NOTICE OF CHANGE OF STATUS and
PAYMENT OF DEFICIENCY OWED
UNDER 37 C.F.R. §1.28(c)**

M/S OIPE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It has recently come to our attention that a good faith error appears to have been made regarding the entity status of the above-referenced application and that some fee payments appear to have been made in error claiming small entity discount.

As required under 37 C.F.R. §1.28(c), to correct these oversights and in order for the error in payments to be excused, we hereby submit an itemization of all erroneous small entity payments and the differential fees, together with the deficiency payment.

sf-2055267

Application No. 10/538,538

2

Docket No. 524322000300

Itemization of all erroneous small entity payments and the differential fees:

TYPE OF FEE	DATE PAID	SMALL ENTITY FEE PAID (INCLUDES ADD'L CLAIM FEES)	LARGE ENTITY FEE (INCLUDES ADD'L CLAIM FEES)	LARGE ENTITY DIFFERENTIAL FEE
Filing Fee	June 10, 2005	1,250	\$2,500	\$1,250
TOTALS		\$1,250 (Total Fees Previously Paid)	(Above amount that should have been paid at time of filing)	(Above amount to be charged to Deposit Account No. 03-1952)

Based upon the above, Applicant believes the differential between the small entity fees previously paid and the large entity fees now owing should total \$1,250. Applicant requests this *differential fee* be paid from our Deposit Account No. 03-1952. Pursuant to 37 C.F.R. § 1.28(c), the calculated deficient "large entity fees" are based upon the amount of the fee in effect at the time the deficiency is paid in full.

In the event the Patent Office determines that an extension and/or other relief is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing docket no. 524322000300.

Dated: January 6, 2006

Respectfully submitted,

By 
Peter J. Yim

Registration No.: 44,417
 MORRISON & FOERSTER LLP
 425 Market Street
 San Francisco, California 94105-2482
 (415) 268-6373

sf-2055267

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. <small>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/538,538
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 10, 2005
TOTAL AMOUNT OF PAYMENT (S) 1,250		First Named Inventor	Dennis CIPLICKAS
		Examiner Name	Not Yet Assigned
		Art Unit	Not Yet Assigned
		Attorney Docket No.	524322000300

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

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SUBMITTED BY		Registration No. (Attorney/Agent)		Telephone		Fee Paid (\$)	
Signature	Peter Yim		44,417	(415) 268-6373			
Name (Print/Type)			Date			January 6, 2006	

Duplicate for Fee Processing

sf-2055277